

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/577640**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		2				
5	1					
6	1					
7	①					
8	①					
9	①					
10	①					
11	①					
12	①					
13	1					
14						
15						
16						
17						
18						
19						
20						
21		1		1		
22			1		1	
23			1		1	
24			1		1	
25			1		1	
26			1		1	
27			1		1	
28			1		1	
29			1		1	
30			1		1	
31			1		1	
32			1		1	
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47						
48						
49						
50						
TOTAL IND.	2		1		1	
TOTAL DEP.	12	←	12	←	12	←
TOTAL CLAIMS	14		13		13	

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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97						
98						
99						
100						
TOTAL IND.			↓		↓	
TOTAL DEP.		←	←	←	←	←
TOTAL CLAIMS						